

## THE TREATMENT OF TROUBLESOME BEHAVIOR IN AMERICA\*

I FIRST became interested in writing a paper along the lines of this present one when, some year and a half ago, I began to read and to hear statements about the percentage cures of the "mentally ill" we could expect if we would establish the "proper facilities." The figures given (80% was the usual figure, although I recently heard one of our gubernatorial candidates say that he was assured by his advisers that 90% of the patients at the State Hospitals could be returned to productive life if treatments were started early enough)—these figures, then, reminded me of that phase of psychiatric history called the "Cult of Curability" which started in the early 1800's and culminated in the late 1840's with at least one claim of 100% cure for all discharged patients. The "Cult of Curability" had about run its course by 1855.

Struck by what appeared to be a cycle, and somewhat in a skeptical frame of mind (to be honest about it), I began then to examine whatever recent statistical statements of cures and recoveries I could come upon, more with the end in view of examining the nature of the statistical methods and manipulations than of examining the conclusions. I then became interested in what might be called a history of medical statistics, but soon found, not unexpectedly, that the statistics were inextricably bound up with the views of the nature of man and his ills that were prevailing at the time the statistics were gathered. At that time, I began reading and collecting material for what was to be this paper, then tentatively entitled, "The Treatment of the

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'Mentally Ill' in America." Since then, the venture has changed and grown so as to be almost unrecognizable.

As I read, I began to see that, around 1870, the distinguishing line between "criminal" and "mentally ill," never really clear, was being smudged to a state of grayness. A similar smudging of the line between juvenile delinquency and mental illness was practically complete by 1910; of the line between what might best be called the poor and obstreperous and the mentally ill by 1900; and, with the widening acceptance of psychoanalytic theory in America, of the line between the normal and the mentally ill by 1920. Thus, to talk of "treatment" would require me to report on the sentencing practices of the judiciary, forensic psychiatry, the sentencing of juvenile offenders, and the practices of social agencies, as well as on the main stream of psychiatric treatments. I found, in fact, that I was reading and thinking about what might best be called "The Treatment of Troublesome Behavior in America" and it is on some small aspect of this that I want to report.

First of all, am I justified in using the term "troublesome behaviors," which is so ill-definedly evocative as to summon forth almost any definition the listener chooses, from the troubles caused us by teething babes to growing worries over what to do about our aged? Can and may I take such a meaningless term and by imparting my own meaning to it, foist it off on you as worth your notice? I am not certain, but I intend to try. I will attempt to make the term meaningful by pointing out that only some behaviors have been deemed interfering or troublesome enough to have been dignified to the point of having massive social institutions specifically designed to handle them. I am saying, then, that these are not my own meanings, but the meanings of a

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social consensus—a cowardly way out but, I think, a fruitful one.

What do I think these behaviors, and their attendant institutions, are? Generally, the behaviors are offenses against, that is behaviors contrary to, our notions concerning property, person, or propriety. At present, we have five functioning social institutions, and one growing one, to handle these offenses, depending on our views as to whether the cause of the offense was criminality, immaturity, insanity, imbecility, poverty, or senility. For offenses purported to be criminal in cause, we have penology and, to some degree, the law; for immaturity, juvenile penology and, to some degree, the law; for insanity, psychiatry and, to some degree, the law; for imbecility, education and, to some degree, the law; for poverty, social service and, to some degree, the law; and for senility, the growing field of geriatrics which has as yet little to do with the law except in those instances where senility is complicated with offenses of criminality, insanity, or poverty.

The history of the treatment of offenders against property, person, or propriety in America is an interesting one. During the earlier periods of our national history little distinction was made, by way of treatment, between the pauper, the criminal, the insane, and the youthful offender. By and large, they were all treated by incarceration in the workhouse or poorhouse or house of correction, usually one and the same building. As an example of "prescientific" occupational therapy, they were auctioned off to the low bidder under the "New England System" or to the high bidder under the "lease system."<sup>1</sup> However, from the late 1700's on until the late 1800's there was a gradual trend toward segregation of the various classes of offenders. Some

parts of the country had begun this while still colonies. Thus, the Pennsylvania Assembly in 1752 set up a temporary hospital for "the Relief of the Sick Poor of this Province, and for the Reception and Cure of Lunaticks."<sup>2</sup> The establishment of such facilities for the various classes of offenders being an economic burden on either the municipality, county, or state, such a trend was slow in developing and made headway only after what might be called clear distinctions were established between the criminal, the immature, the insane, and the pauper. These distinctions were based on the purported causes mentioned earlier, that is, offenses against property, person, or propriety were seen as due either to criminal tendencies, immaturity, insanity, or poverty, and the social institutions that grew to handle them persist today.

What makes this history particularly interesting is the fact that the distinctions had no sooner been made than the distinguishing lines became smudged. A clear example of what I mean by smudging of lines of distinction is that of the treatment of the juvenile offender. For some period of time there had been agitation to treat the juvenile offender differently from the adult criminal, partly, it was said, to prevent the contamination of youth by adults in a common jail, but also because it was felt that different factors were operating to produce the offenses of youth than were operative with adult offenders. This agitation had its end in the establishment of a separate court for juveniles in Chicago in 1899, but in 1909, just ten years after this distinction had been made, the Chicago Juvenile *Psychopathic* (I emphasize that word) Institute was founded in conjunction with the Juvenile Court.<sup>3</sup> By 1915, Dr. Healy had published his famous book, *The Individual Delinquent*,<sup>4</sup> in which he ad-

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vanced the thesis that juvenile offenders were mentally ill; not insane in the legal sense, but mentally ill in the psychiatric sense. A short period of independence for the juvenile offender, indeed.

Similar smudging tended to wipe out other lines so hardly drawn just a short time before. Whereas Dr. John P. Gray was able, with conscience, to say in 1872 that the causes of insanity "as far as we are able to determine, are physical; that is, no moral or intellectual operations of the mind induce insanity apart from a physical lesion,"<sup>5</sup> in 1904, Dr. Adolf Meyer used his wife to visit the families of patients (a social case work task) because "we thus obtained help in a broader social understanding of our problem and a reaching out to the *sources* of sickness, the family and the community."<sup>6</sup> If psychiatry enlisted social work, so also, but belatedly, did social work enlist psychiatry. The science of penology early in the 1900's established "psychopathic laboratories" for "individual psychopathic examination for classification,"<sup>7</sup> and, a few years later, brought in the social case worker especially in probation work.

These are but a few examples of the overlapping of formerly separate social "treatment" institutions. I do not present these examples to point up the continuing argument as to the *sources* of troublesome behavior, I present them to point up the fact that lines of distinction thought clear in the late 1800's are no longer clear in the 1900's.

This, then, is the background as I see it. In the America of the 1700's, by and large, offenders against property, person, and propriety were treated in much the same way even though there might have been recognition of distinctions between causes. In the America of the 1800's, the distinctions between causes were emphasized and separate

social institutions to treat the classified offenders grew. In America at 1900, the institutions were relatively separate but the distinctions between kinds of causes were relatively blurred.

My thesis is this: The history of treatment of troublesome behaviors in America since 1900 is a history of progressive slurring over of lines of institutional specialization. It is with the nature of this slurring that the body of this paper is concerned. What I am attempting to do is take up separately the treatment institutions of penology, psychiatry, social work, and what, for lack of a commonly used term, I shall call juvenile penology, to trace not only the intermingling of the institutions but also the specific ways in which the intermingling has been achieved. I want to report rather fully on penology and but indicate the trends in social work.

Turning, then, to the treatment institution of penology, perhaps I can find no better way of starting than by quoting at some length from the 1917 "Report of the Committee on Criminal Law Reform" of the American Prison Association:

As Blackstone (Commentaries V.4, Ch.1, Sec.2) puts it, "the end or final cause of human punishment is not by way of atonement or expiation for the crime committed, for that must be left to the just determination of the Supreme Being, but as a precaution against future offenses of the same kind. This is effected three ways: either by the amendment of the offender himself; . . . or, by deterring others by the dread of his example from offending in the like way; . . . or, by depriving the party injuring of the power to do further mischief."

We are apt to swing from one extreme to another in the position we take on any question. The solution of the problem is usually found somewhere between the two extremes. For years we have sought to attain the end of human punishment by adopting the last two methods suggested, and have given little consideration to the amendment of the offender himself. Suddenly we have come to the realization of the futility of

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success in eliminating the reformation of the criminal as a means of attaining the end which we seek. Formerly, the sole consideration was given to the punishment inflicted. Now we seem to consider the criminal and to disregard the crime. Somewhere between these two extremes must be found the proper method to adopt in order to protect society.<sup>8</sup>

The report then goes on to recommend the abolition of the fee system, the use of prison labor by the state, the use of the indeterminate sentence, and speedy trials. There are two points in the quotation I want to bring to your attention. First, reformation of the offender is recommended as a protection for society, not for the health and happiness of the offender. Second, the thought is expressed that, at that time, an extreme position was being held, an extreme position in consideration of the criminal and disregard of the crime. I want to discuss this second point more fully. In what ways were the penologists doing the extreme? One might think that this plaint has a familiar ring; that it calls to mind present-day protests against the apparent absolving the criminal of responsibility for his acts by the psychiatrist, psychologist, and social worker. But, on searching the reports in the *Proceedings* prior to and for some time after 1917, one can find almost no social work contribution to treatment methods and very few from psychiatry or psychology, and these in the nature of, if you will, scientific recommendations, not practices. The nature of extreme position that was being protested against had to do with self-government, and with the honor system as one form of it.

The attempted use of some form of self-government has a long history in American prisons. At the first meeting of the American Prison Association in 1870, a statement of the principles which should govern prison administrators was drawn up. One of "The Principles of 1870" states: "The

prisoner's destiny should be placed, measurably, in his own hands; he must be put into circumstances where he will be able, through his own exertions, to continually better his own condition. A regular self interest must be brought into play, and made constantly operative."<sup>9</sup> The logic underlying the idea of controlling prisoners by appealing to their "self interest" gradually gave way to a logic based on the thesis that prisoners were "persons who have never properly learned the lessons of self control so essential to good citizenship,"<sup>10</sup> and, from 1915 on through 1918-19, still appealing to "The Principles of 1870" for justification, the "amendment" of prisoners was sought through attempts to inculcate in them this lacking self-control by offering them opportunities to practice it under self-government and the honor system. By 1915 a surprisingly large number of prisons were using some form of this treatment. Gradually, starting about the same time (1915), for no dramatic reason that I can determine, there began to be protests against the honor system. I can find no instances cited of large-scale defections under the honor system, nor other than anecdotal instances of abuse under self-government, but, by 1918, it seemed generally accepted that, although these systems could be efficient and relatively pleasant, they did not amend the prisoner with regard to increasing his self-control. The systems were maintained and are still widely used, but by 1917-18, other methods for inculcating self-control were being sought. Self-control was still the desideratum—the method of achieving it debatable.

It is, perhaps, no coincidence that, in the 1917 *Proceedings*, there is an article by Guy D. Fernald, M.D., Resident Physician, Massachusetts Reformatory, entitled "The Psychopathic Laboratory in Criminology."<sup>11</sup> This was not the first



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article by a resident physician, nor was it the first to mention psychopathy in relation to prisoners. What makes this article noteworthy to me is that it is the first one in these *Proceedings* to venture the use of a physician in the treatment of *all* prisoners rather than just those held to be mentally ill. In this article, classification was certainly secondary to treatment. Let me quote: "The concept of a prison, house of correction or reformatory as a place of reformation is an erroneous one, whether held by the prisoner or by those in authority over him. The ideal reformatory is in fact a good place for one who should reform, just as a preparatory school is a good place for one seeking college training."<sup>12</sup> He goes on to say that prisoners and authorities make a vital mistake in assuming that "good intentions" are enough. The prisoner must have a plan for the future and "a determination involving self-denial becomes a prerequisite to success."<sup>13</sup> It is with this plan and the acquisition of self-denial that the medico-psychologist (to use Dr. Fernald's term) should be concerned. "The prison physician may convey vastly more of benefit to his charges in one hour by his advice and prescriptions of moral and intellectual calisthenics based on their mental needs as ascertained by the analysis and friendly inductive reasoning of the psychopathic interview than by ministering to them in the hospital for days."<sup>14</sup>

This, to change my metaphor, was the breaching of the institutional walls of penology (whether the first in point of time, I cannot say for certain). No longer were the criminal and the insane criminal, or the insane and the non-insane, to be treated differently, but all were to be treated by means of the psychopathic interview. I cannot truthfully say that this breaching was widely acclaimed by the wardens; nor can I say that all wardens went immediately

out to dicker with psychiatrists, but rapidly, relative to changes in many other social institutions, psychiatry with its attendant modes of thought and investigation—with its ideology—became an integral part of our penological system. The impact of this ideology as well as the misunderstanding of it was so great that, by 1926, Dr. William A. White felt called upon, while addressing the Prison Association members, to point out that the psychiatrists really didn't want to run the prisons and were not ideologically committed to the point of view that prisoners should early be released. He pointed out that the inmates of the prison attached to his hospital remained two and one half times as long as they would have if they had been sentenced to the usual prison and discharged at the expiration of their sentences. "In other words, the psychiatrist far from being a sentimentalist protects society, if he is given the right to do it, better than the law with its definite sentence."<sup>15</sup>

Perhaps, in these last few points, I have strayed too far from Dr. Fernald's paper. It is important in that it contains the paradigm for the breaching of all institutions by each other. Oversimply put, this paradigm is one of generalization of a method of approach (usually justified by being termed scientific) held to be successful (correctly or incorrectly) with one class of behavior to behaviors of a different class. It is not that Dr. Fernald held that all criminals are psychopathic (in fact, he stressed those things "the offender has in common with all thinking beings");<sup>16</sup> rather, he held that the *method* of treatment should override any apparent differences in classes of behavior. Dr. Fernald entered the institution through that part of the wall labelled "self-control—self-indulgence." He might well have entered other parts—inherited tendencies, instinctive impulses, economic

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pressures, etc. The point is, he was not challenging imputed causes but, to put it bluntly, offering a panacea.

This, in essence, is the nature of the change that I see as having taken place in treatment institutions since 1900. Let it not be thought that this is intended as an indictment of psychiatry, although that institution has been dragged, unwillingly at times, and has pushed its way, unwillingly at times, into more behavioral areas than any other institution but education. Had I started with social work rather than penology, the paradigm would have been found in the way in which penological considerations in the sense of control, discipline, and legal restrictions made their entrance early, and psychiatry not until the late 1920's.

But I have presented my point, and with it in mind, I would like to return to a further consideration of penology. Since, except in those states which allow the use of an indeterminate, or indefinite, sentence, the law through the judge is actually the prescriber of the treatment, wardens have felt (and expressed their feelings) that this externally applied prescription unnaturally limited the effectiveness of their treatment techniques. It was felt that treatment could be bettered should the time of release be somehow correlated with response to treatment—in other words, time off for good behavior was felt desirable. It was in this sense that parole was used during the early part of the present century.<sup>17</sup> Parole and its fellow, probation, formed the twin gaps in the walls of penology through which social work crept. Before 1917, the social workers were remarkably silent, if the pages of the *Proceedings* are accurate representations. They were certainly in the prisons, but they were primarily investigators, reporting back to the warden, or the chaplain, or the physician depending on the institutional

organization. Their place, or lack of it, in 1917 is indicated by the list of prison officials called upon to make reports to parole boards in New York: "the warden, keeper, industrial agent, chaplain and prison physician."<sup>18</sup> Their place, or lack of it, is further indicated by "the things paid attention to when granting parole,"<sup>19</sup> i.e., the prisoner's mental and physical condition.

In 1918 and 1919, social workers were more voluble, but their contributions had to do with wayward girls in wartime, the effects of war on the economic welfare of the families of prisoners, and similar items. Even then they did not seem to be accorded much status by the Prisoners Aid Society. By 1926, social workers were being listed prominently in lists of personnel needs but they had still not broken into print on treatment. However, in 1928, Mr. C. L. Chute, General Secretary of the National Probation Association, emphasized the need for methods to individualize the treatment of prisoners, suggesting that parole tended to fail because of the lack of such treatment in the prisons. He pointed out four trends in prison work he felt to be most promising, among them being "a methodology of case treatment . . . that, we believe, will produce effective results, both in individual reclamation and in community protection."<sup>20</sup> (Note which treatment goal is presented first.) From then on, the breach was rapidly widened. By 1931, we begin to find specific recommendations for properly administered "efforts to improve the physical and moral condition in the prisons and alleviate to some extent the situation of the released prisoner brought about by the rigid attitude of society toward those who had committed offenses."<sup>21</sup> (Note the reversed direction of the protective urge.) By 1935, we find such titles as "Principles and Methods of Individualized Penal Treatment,"

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"Classification through Case Work as a Basis for Administration of Correctional Institutions in a State Wide System," and "The Practical Value of the Case Work Program."<sup>22</sup> In fact, we find a section of the meeting and report devoted exclusively to case work as a method of treatment, completely separate from the sections on probation and on parole. Social work had entered, with its method of approach, and it, also, came in to handle the "lack of moral and social responsibility" of the prisoner. That social workers' expectations for their method were more restrained than those of Dr. Fernald some twenty years earlier might well be due to modesty or to more experience with the results of "scientific methods" in the handling of people, prisoners or not. In any event, in the article "Classification through Case Work . . .," Mr. Ellis felt called upon to caution his listeners by referring to some statements of Sheldon and Eleanor Glueck.

Only the enthusiastic amateur will fail to admit that psychiatry and psychology as well as social case-work still have considerable to learn and perhaps more to unlearn, not only as regards diagnosis of the individual and intelligent classification based thereon, but also and particularly with respect to therapy. As to this, Dr. Cabot's position is unquestionably unshakable. But if representatives of these arts and aspiring sciences do not experiment with methods of personality study and reorientation, who will? The point is that here are social servants whose specialty is just the one we are concerned with. The penal institutions offer an excellent field for young psychiatrists, psychologists, social workers, and clergymen who are not merely content to act as white collar keepers of our penal zoos, but who see the need of experimenting with various ways of "helping people out of their trouble." Some means must be found to attract earnest and capable workers to this much-neglected missionary field at our very door.<sup>23</sup>

Certainly a restrained and, if you will, a quite modern approach. Note, however, that while representatives of three

of our treatment institutions are mentioned (psychiatrist, social worker, and keeper), one of them, the keeper, is mentioned disparagingly as though his treatment contributions were nil. This, I think, is a reflection of the fact that these breachings were not unresisted and that bad feelings arose between members of the various treatment institutions. As I mentioned before, Dr. White in 1926 felt it necessary to try to allay some of this resistance and these feelings. Various articles by wardens scattered throughout the *Proceedings*, from 1910 on, hinted at unrest among them, but concerted overt resistance by the wardens against the invasion of their treatment institution by other institutions did not begin to be shown until after the fourth of the institutions, education, had breached the penological walls and it is to that breaching I now turn.

Essentially, what early distinguished penology from juvenile penology was the use by the latter of separate courts and a greater reliance on probation. However, starting about 1914 (all of my dates, I should have said sooner, give a specious air of exact dating to trends that were gradual and cumulative), the treatment institution of education invaded juvenile penology and, for years, remained the favored treatment method. It was through this breach in the wall of an attached institution that education invaded penology. By 1931, the penological term "Industrial Education" had largely been replaced by the juvenile penological equivalent "Vocational Education." This had not gone much further by 1935, except for the establishment of a section on Education at the meetings, which had but one contribution, a paper on "Vocational Training."<sup>24</sup> Education, establishing this breach late, made up for its tardiness by a whirlwind campaign and, in 1938, established itself firmly not only in vocational and

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remedial education but in "the development and training of the whole human being for complete living,"<sup>25</sup> and by 1953, "the development of programs designed to readjust maladjusted personalities"<sup>26</sup> was the major objective. Some representative "social education" programs of this period are "Personal Advancement," "Adopting Proper Attitudes, Mental Hygiene, Relationship with Others," "Life Adjustment," and others.<sup>27</sup> Again this was invasion through method, for it was not claimed that the majority, or even a large number of prisoners, were offenders *because* of lack of education, only that education was a good treatment method.

It should be said that education, while not so brash as early psychiatry, was not as modest as later social work. Let me quote from the statute of New York State which created the office of Director of Education under the Commissioner of Correction:

The objective of prison education in its broadest sense should be the socialization of the individual through varied impressional and expressional activities, with emphasis on individual inmate needs. The objective of this program shall be the return of these inmates to society with a more wholesome attitude toward living, with a desire to conduct themselves as good citizens and with the skill and knowledge which will give them a reasonable chance to maintain themselves and their dependents through honest labor. To this end each prisoner shall be given a program of education which, on the basis of available data, seems most likely to further the process of socialization and rehabilitation. The time devoted daily to such education shall be such as is required for meeting the above objectives.<sup>28</sup>

This relative lack of modesty might have resulted from the fact that the commission writing this statute had sought and received "financial aid of Foundations"<sup>29</sup> and thus felt under pressure to deliver.

What is noteworthy about this statute, in addition to

specifying that "*each prisoner* shall be given a program of education," is the specification of time. The time element is a common feature of all officially determined prisoner education movements. I have no idea whether it was actually the time factor, as the wardens claim, or whether the wardens, seeing this additional treatment claim, could brook no more and chose to revolt at the newest and, hence, least well established invader, but, in any event, from about the late 1930's, again and again one could read the complaints of the wardens. The burden of these complaints, plaintively put, was, "Am I the head of this prison or am I not?" Although often in these articles the warden would snipe at the psychiatrist, the social worker, and the poor, overworked, maligned psychologist, the primary target was the education man. This still goes on today, and one of the most amusing articles in the 1952 *Proceedings* was one entitled "Areas of Agreement and Disagreement between Correctional Educators and Wardens."<sup>30</sup> In this, the warden, Garrett Heyns, is deriding the uncritical establishment of similar educational programs in all prisons, no matter what the nature of the institution. It is his contention that educational programs are now customary and "every warden must have one, lest he be considered an old fogy,"<sup>31</sup> and the ambitiousness of educators leads to the misuse of education.

I have described at some length, although, truly, with insufficient detail, the changes that have taken place in penology. I would like to describe what has happened in social work, psychiatry, and juvenile penology but am not yet prepared, even should I have the time and you the patience. Let me, however, just sketch in the changes in social work so that you will see the trends. To do this, I shall quote from the Presidential address to the National



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Conference of Social Work in 1926, making my points concerning the changes by parenthetically commenting on the presidential words:

Times have changed so rapidly that a whole revolution of thought in social work has taken place since the first meeting in 1880 and even since the second in 1912 [the emergence of the social institution]. As Judge Mack pointed out in his presidential address in 1912, the emphasis in 1880 was upon *alleviation* of distress, *correction* of wrongdoing [the original treatment methods]. In 1912 it was upon prevention [the intrusion of some methods of juvenile penology]. . . . And yet another note was beginning to be heard. President Mack said: "For some years we have been passing beyond the age of mere preventive work. The eradication of evil is not enough—constructive philanthropy demands that it be replaced by the positive good."<sup>32</sup>

And to what did social work turn for the implementation of "the positive good"? To psychiatry, as indicated by the conference of 1919, where "mental hygiene and psychiatry swept the conference,"<sup>33</sup> with the subsequent establishment of the field of psychiatric social work.

I realize that these brief allusions to a field as wide and complex as social work convey little and demonstrate almost nothing. I append them to the report on penology only to suggest to you that changes have taken place in fields other than penology and to lead to my conclusion.

Not all treatment areas are in the same stage of development, but the following is generally true. Following the invasion of one treatment institution by another, there would be a period of development of specialties within specialties within the specialized invading institution. Then there would be a period of disillusionment and criticism—self and other—and the invading institution would remain as an integral part of the invaded institution, but in a less flamboyant role. Its early role would be taken up by another, newcom-

ing invader which would repeat the cycle. This cycle of invasion, overspecialization, assimilation is, at the present time, being replaced by what is termed the "multidisciplinary approach." An example of this approach in the institution of penology is the classification board which sees each prisoner and, as a board, plans his treatment. Such boards are usually made up of specialists from the institutions of penology, psychiatry, social work, and education; and the members attempt to comprehend the person before them by means of their multidisciplines.

It is my feeling that, although the multidisciplinary approach is an improvement over the extreme specialization it replaced, it is still inadequate. Each discipline defines the troublesome behavior being treated in terms of its own logic and ideology, and we have not a unitary behavior even though but one person is being treated, but as many troublesome behaviors as there are disciplines treating. Like the blind men with the elephant, the multidisciplinary approach awaits the development of a *unified* and *unifying* description of troublesome behavior. It may well be that such a description will be a consequent of the multidisciplinary approach of the future.

Some of you may wonder "But what about the results? What about the comparative successes of all of these treatment methods?" Well, the answer to that depends upon statistics—and everyone knows how they are.

TRENTON WILLIAM WANN

#### NOTES

1. Albert Deutsch, *The Mentally Ill in America* (New York, 1949), pp. 117 ff.
2. Deutsch, p. 59.
3. William Healy, "Thoughts about Juvenile Courts," *Federal Probation*, XIII (Sept., 1949), 16.

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4. William Healy, *The Individual Delinquent* (Boston, 1915).
5. Deutsch, p. 284.
6. *Ibid.*, p. 287.
7. Guy G. Fernald, "The Psychopathic Laboratory in Criminology," *Proceedings of the Annual Congress of the American Prison Association* (1917), p. 209.
8. Edward D. Duffield, "Report of the Committee on Criminal Law Reform," *Proceedings American Prison Association* (1917), pp. 48-49.
9. Joseph W. Sanford, "The Honor System," *Proceedings American Prison Association* (1938), p. 65.
10. John L. Whitman, discussion, *Proceedings American Prison Association* (1917), p. 181.
11. Fernald, *op. cit.*, p. 208.
12. *Ibid.*, pp. 209-210.
13. *Ibid.*, p. 210.
14. *Ibid.*, p. 209.
15. William A. White, "Psychiatry as an Element in Protective Penology," *Proceedings American Prison Association* (1926), p. 223.
16. Fernald, *op. cit.*, p. 210.
17. The legality of parole was hotly questioned for many years. Thomas C. O'Brien, "Judicial Decisions on Parole," *Proceedings American Prison Association* (1920), p. 55, reports on some of the judicial decisions, one of which reads, in part, "A majority of us think the act is unconstitutional as interfering with the judgment of the judiciary. The whole judicial power of the common wealth is vested in its courts. The trial, conviction, and sentencing of criminals are judicial duties, and the duration of the sentence is an essential part of a judicial judgment in a criminal record. If the legislature may authorize boards of inspectors to disregard judicial sentences, why may they not repeal them as fast as they are pronounced, and thus assume the highest judicial functions?"
18. E. E. Larkin, discussion, *Proceedings American Prison Association* (1917), p. 233.
19. *Loc. cit.*
20. Charles G. Chute, "The Changing Status of Probation," *Proceedings American Prison Association* (1928), p. 154.
21. Howard C. Hill, "Relationship of Prisoners Aid Associations to Police and Crime Detective Agencies," *Proceedings American Prison Association* (1931), p. 49.
22. Edgar A. Doll, "Principles and Methods of Individualized Penal Treatment"; William J. Ellis, "Classification Through Case Work as a Basis for Administration of Correctional Institutions in a State Wide System"; E. Preston Sharp, "Practical Value of

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- the Case Work Program," *Proceedings American Prison Association* (1935), pp. 129-151.
23. Sheldon Glueck and Eleanor T. Glueck, *500 Criminal Careers* (New York, 1930), p. 319.
24. Roy W. Kenny, "Vocational Training," *Proceedings American Prison Association* (1935), p. 161.
25. Thomas J. Hanlon, "The Deputy Warden's Contribution to Successful Management," *Proceedings American Prison Association* (1938), p. 74.
26. Ralph H. Rosenberg, "Coordinating Industrial Rehabilitation with Education," *Proceedings American Prison Association* (1953), p. 94.
27. Glenn M. Kendall, "Some Trends in Correctional Education," *Proceedings American Prison Association* (1953), p. 95.
28. *The Ninety-Third Annual Report of the Prison Association of New York* (1937), p. 12.
29. William E. Grady, "Educating Prisoners," *Proceedings American Prison Association* (1937), p. 178.
30. Garrett Heyns, "Areas of Agreement and Disagreement between Correctional Educators and Wardens," *Proceedings American Prison Association* (1952), p. 97.
31. *Ibid.*, p. 100.
32. Gertrude Vaile, "Some Significant Trends since Cleveland, 1912," *Proceedings of the National Conference of Social Work* (1926), p. 3.
33. Deutsch, *op. cit.*, p. 322.